

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 534748 (9)

1. Corporation Name
G. MICHAEL WOMBLE D.D.S., P.A.

Principal Place of Business

Mailing Address

6100 TAMiami TRAIL, NORTH #1
NAPLES FL 33963

4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1977

4. FEI Number

59-1745406

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JOHNSON, KIMBERLY
4501 TAMiami TR
#1300
NAPLES FL 33940

10. Name and Address of New Registered Agent

81

Name

Naples-Lawdock, Inc.

82

Street Address (P.O. Box Number is Not Acceptable)

4501 Tamiami Trail North

83

Suite 300

84

City

Naples

FL

85

Zip Code

34103

11. Pursuant to the provisions of Sections 607.0102 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Vice President

1-16-98

12. OFFICERS AND DIRECTORS

TITLE	PTC	☐ DELETE
NAME	WOMBLE, G. MICHAEL	
STREET ADDRESS	6100 TAMiami TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	VS	☐ DELETE
NAME	WOMBLE, BETTY J.	
STREET ADDRESS	6100 TAMiami TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	☐ DELETE
NAME	LOVETT, WILLIAM E.	
STREET ADDRESS	6100 TAMiami TRAIL N	
CITY-ST-ZIP	NAPLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE

G. Michael Womble

CR2E034 (10/97)